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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Statement of Change of Office

**DOMESTIC or FOREIGN Limited Liability Company** 

→ No Filing Fee



1. Entity ID Number	2. Exact Name of the Limite	2. Exact Name of the Limited Liability Company		
911559	M2 - HOME, LLC	M2 - HOME, LLC		
3. The address of the res	sident office as PRESENTLY show	vn in the records on file with the	RI Department of State:	
Street Address 32 SUMMI	T AVENUE			
City/Town WEST WARWICK		State RHODE ISLAND	zip 02893	
4. The address of the NE				
Street Address (NOT a P.O.	Box) 11-C PEZZULLO STREET			
City/Town JOHNSTON		State RHODE ISLAND	<sup>2ip</sup> 02893	
5. Date when this Statem	nent of Change of Resident Office	will be effective: CHECK ONE	BOX ONLY	
Date received (Upo	n filing)			
Later effective date	(Date must be no more than 30 d	ays from the date of filing)		
	I declare and affirm that I have ex y, and that all statements contains		ge of Resident Office by the	
Name of Authorized Pers	son of the Limited Liability Compa	ny	Date	
RAYMOND J. TON	MASSO, ATTORNEY (RIB # 2751	)	01/31/2018	
Signature of Authorized I	Person of the Limited Liability Con	npany		
	Skillso	CUMENT HE El Morne	, , ,	
	- /// (A / A Pa	merry Money		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 31,2018.
BY Le 10:35

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 31, 2018 10:35 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

